

MM
8/21/85
Lm

| EPA | | POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT | | REGION 6 | SITE NUMBER (to be assigned by HQ) CA 3727 |
|--|----------------|--|----------------|--------------------------------------|---|
| NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections. | | | | | |
| GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-333); 401 M St., SW; Washington, DC 20460. | | | | | |
| I. SITE IDENTIFICATION | | | | | |
| A. SITE NAME West Hackberry Strategic Res. Reserve | | B. STREET (or other identifier) | | | |
| C. CITY Hackberry | D. STATE CA | E. ZIP CODE | F. COUNTY NAME | | |
| G. OWNER/OPERATOR (if known) | | 2. TELEPHONE NUMBER | | | |
| 1. NAME | | | | | |
| H. TYPE OF OWNERSHIP <input checked="" type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN | | | | | |
| I. SITE DESCRIPTION DOE Preliminary Assessment - 2/25/85 | | | | | |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) | | | | K. DATE IDENTIFIED (mo., day, & yr.) | |
| L. PRINCIPAL STATE CONTACT | | | | 2. TELEPHONE NUMBER | |
| 1. NAME | | | | | |
| II. PRELIMINARY ASSESSMENT (complete this section last) | | | | | |
| A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN La 289 002 2582 | | | | | |
| B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) SUPERFUND FILE JUN 23 1992 REORGANIZED | | | | | |
| C. PREPARER INFORMATION | | | | | |
| 1. NAME Aug McCale | | 2. TELEPHONE NUMBER (214) 767-9705 | | 3. DATE (mo., day, & yr.) 8/16/85 | |
| III. SITE INFORMATION | | | | | |
| A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): | | | | | |
| B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): | | | | | |
| C. AREA OF SITE (in acres) | | D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.) | | | |
| E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): | | | | | |

